

DEPARTMENT OF HUMAN RESOURCES
INCOME MAINTENANCE ADMINISTRATION
311 W. Saratoga Street
Baltimore, Maryland 21201

IMA ACTION TRANSMITTAL

EFFECTIVE DATE: UPON RECEIPT

ISSUANCE DATE: July 25, 1995

CONTROL NUMBER: IMA OPA #96-02

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR INCOME MAINTENANCE
ELIGIBILITY SUPERVISORS AND STAFF

FROM: *Katherine L. Cook*
KATHERINE L. COOK, ACTING EXECUTIVE DIRECTOR, IMA

RE: FORM DHR/IMA 689 - CHOOSING YOUR FOOD STAMP HEAD
OF HOUSEHOLD

BACKGROUND:

Action Transmittal #94-33 provided instructions for allowing food stamp households that have a parent with children in the home to select that parent as head of household.

The form that the household uses to confirm that choice was printed, but never distributed.

The DHR Warehouse will send forms to your agency the week of July 10, 1995.

ACTION REQUIRED:

- Have all households complete this form if the household has:
 - more than one adult, and
 - at least one of the adults is a parent or has parental control of a minor child.
- Complete the form at:
 - application
 - recertification, or
 - when the household requests a change or the head of household leaves.

ACTION DUE: Upon Receipt

Please contact Kay Finegan at 767-7939 with questions.

BHB:jsa

cc: DHR Executive Staff
IMA Management Staff
Arnold Dixon

MARYLAND DEPARTMENT OF HUMAN RESOURCES
INCOME MAINTENANCE ADMINISTRATION
FOOD STAMP PROGRAM

_____ Department of Social Services

CHOOSING YOUR FOOD STAMP HEAD OF HOUSEHOLD

Case Name _____

Case/AU Number _____

Dist. _____

Worker _____

Date _____

You can choose your own head of household.

- The head of household will:
 - receive all notices and mail from the agency;
 - have the benefits in his or her name on the Independence card.
- You can choose any adult in your household to be head of household.
- All adults in your household must agree to the choice.
- If you do not choose, or cannot agree, the agency will choose a head of household for you.
- You can change your head of household at recertification or if the people living in your household change. You must tell your worker **within 10 days** when your household changes.

Your choice may affect your benefits if someone in your household quits a job or does not follow work requirements.

- If the head of household quits a job, your food stamps may stop for 90 days.
- If the head of household does not follow work rules, your food stamps may stop for up to 2 months.
- If you have not chosen an **adult** parent or cannot agree, the agency must look at the person with the most earnings two months before a work violation, to decide if your benefits will go down or stop.
- An adult parent is anyone 18 or older who is the parent of a child in the household (even an adult child), or is acting as the parent of a minor child in the household.

Head of Household:

We have chosen _____ as the head of our food stamp household.

Please have all adults in your household sign below.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

INSTRUCTIONS

Complete this form for all households that have more than one adult, age 18 and over, and at least one of the adults:

- is the parent of another person in the household, **or**
- has parental control of a minor child.

Complete the form at:

- application,
- recertification,
- if the designated head of household leaves the home, **or**
- if the household requests to change their designation at the time of a reported change in household members.

Do not use the head of household designation to impose special requirements on the household, such as requiring that the head of household file an application, rather than another responsible member of the household.

Do not delay the certification or deny benefits to an otherwise eligible household if the household fails to select an adult parent or an adult who has parental control over children.

At application, allow thirty days for return of this form, and at recertification or interim change allow ten days for return.

If the adult household members cannot agree or choose not to select an adult parent as the head of the household within the allotted time frame, the local department will make the selection.

In CARES, if the head of household changes, close the case and reopen with the new head of household. Send the new head of household to EBT training.

The adult members of the household sign the form to document their agreement to the decision.